Meeting of the States Parties to the Convention on the Prohibition of the Development, Production and Stockpiling of Bacteriological (Biological) and Toxin Weapons and on Their Destruction

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Practical challenges facing the implementation of Article VII, and possible solutions

Strengthening Article VII: International Cooperation and Assistance in Preparing for and Responding to Biological Incidents

Submitted by the United States of America

Summary

While progress has been made in addressing impediments to the provision or receipt of international assistance in response to an attack or unusual disease outbreak, we can still do more to address barriers to sharing and receiving public health and medical assistance. For example, States Parties could continue to strengthen national and international Emergency Operations Center capacities, reinforce policies and frameworks for sharing medical countermeasures, and address national barriers to sending or receiving public health and medical personnel in response to public health emergencies.

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I. Background: the importance to Article VII of Preparedness

1. In 2013, the United States submitted a working paper to the Meeting of Experts outlining a number of the challenges to providing international assistance in responding to infectious disease outbreaks regardless of their source, noting that these challenges will affect States Parties' ability to respond to a violation of the BWC under Article VII. A range of logistical, informational, and legal/regulatory issues can impede a State Party's ability to identify the need for assistance, to provide assistance, or to receive and use offered assistance. Preparedness is not a prerequisite for a country to request assistance under Article VII, but it may well be a prerequisite for being able accept and make use of such assistance.

2. Many States Parties have made progress since 2013 in identifying and addressing specific impediments to international preparedness and response; however, much work remains to overcome the legal, regulatory and logistical barriers that impede the ability of governments to both provide and receive international assistance during biological emergencies. Challenges to implementation of Article VII remain, and collectively we must continue to identify ways to address them.

3. The United States has sought to contribute to Parties' consideration of preparedness and response efforts since the 2016 Review Conference, as well as in the previous intersessional process. We have focused our efforts on identifying impediments and opportunities for the provision and acceptance of international assistance during public health emergencies. For example, we completed a multi-year research project on the response to the 2014 Ebola outbreak and how that response might have been altered if there had been a deliberate component, or if the outbreak had reached into non-permissive environments, and submitted a working paper to the 2016 BWC Review Conference on that project's findings. We also submitted a paper in collaboration with Canada and the United Kingdom at the 2017 Meeting of States Parties that sought to identify how governments and non-governmental entities can prepare for collaborative action in the event of the use of biological weapons.

4. The 2018-2020 intersessional process provides us with an opportunity to continue our focused discussions on international preparedness and response. But these discussions are not taking place in a vacuum. The United States' efforts to find solutions to the challenges of providing and receiving public health assistance are one component of a broader global approach to strengthening global health security, aligned with the priorities of the Biological Sub-Working Group of the Global Partnership Against the Spread of Weapons of Mass Destruction and obligations under the International Health Regulations (2005) (IHR) for States Parties to collaborate and develop capacity to respond to public health emergencies of international concern. Through our commitments under the Global Health Security Agenda (GHSA) to accelerate IHR implementation efforts, we are assisting 31 countries and a regional partner to improve their ability to prevent, detect, and respond to infectious disease threats, in an effort to improve capacities around the world. Other international stakeholders have taken a similar approach to identifying and addressing challenges to the deployment of international assistance in ways that are integrated with efforts to strengthening global health security. During our discussions of these challenges in this and other BWC-related meetings, it is important to remember that parallel conversations are taking place in other fora, and we should seek to link these efforts where we can.

II. Strengthening Coordination in Emergencies

5. A key element in the development of rapid, effective response capacities for assessing, containing, mitigating, and recovering from biological threats is the development of an interconnected global multi-sectoral network of Emergency Operations Centers (EOCs). EOCs play a critical role in coordinating the response to biological threats and in requesting, receiving, and coordinating support from domestic and international partners. To fulfill this role, EOCs need both fully trained staff that can meet core competencies for emergency management and systems in place that can be fully activated within two hours of an alert. The United States continues to strengthen its own national and sub-national EOC capacities, leveraging insights and recommendations from global tools and models like the WHO Public Health Emergency Operations Centre (PHEOC) framework, the IHR and the IHR Joint External Evaluation tool, and national EOC improvement processes, like the Emergency Management Accreditation Program (EMAP). BWC States Parties should be encouraged to establish EOCs, and should seek to share information, best practices, and operational models for EOCs, in order to strengthen national and international EOC capacities to coordinate responses to biological threats.

III. Barriers to Sharing Countermeasures and Personnel

6. Effective response to a biological incident also requires the international community to improve global access to medical and non-medical countermeasures, as well as medical and public health personnel that can be rapidly deployed during an emergency. This requires States Parties to strengthen their capacity to produce or procure equipment, medication, vaccines and technical expertise, and to strengthen policies, regulations and operational frameworks for sharing medical countermeasures (MCMs), products, and personnel across borders during biological emergencies. The *Operational framework for deployment of the World Health Organization smallpox vaccine emergency stockpile in response to a smallpox event*, developed by WHO in collaboration with the Global Health Security Initiative, was released in 2017 and serves as a model for identifying and addressing the legal, regulatory, and logistical barriers to deploying MCMs internationally. Building on this effort, WHO is developing an operational framework for deploying and receiving other medical countermeasures, which will further advance global progress on this issue. Additionally, the WHO Emergency Use Assessment and Listing (EUAL) process was established and used during the Ebola outbreak in West Africa and Zika epidemic in the Americas. In these cases, the EUAL provided national regulatory authorities and other global stakeholders with advice on use of certain MCMs during a public health emergency, based on available quality, safety, and performance data. These efforts illustrate the progress by states, international organizations, and others in establishing global frameworks and processes to address the challenges to the international deployment of MCMs. However, states must still consider how to effectively implement their own national policies, processes, and regulations to ensure that they can deploy and/or receive and use MCMs during public health emergencies.

7. The launch of the WHO Emergency Medical Teams (EMT) Initiative under the WHO Health Emergencies Programme has been an important step forward in increasing global capacities to rapidly deploy medical personnel in response to public health emergencies. The Global Outbreak Alert and Response Network (GOARN) is another key global tool for requesting and identifying personnel to support investigation of and rapid response to disease outbreaks. However, states should continue to identify and address their national barriers to sending or receiving public health and medical personnel in response to public health emergencies, such as national funding to support the deployment of or receipt of foreign public health and medical personnel, liability protection, recognition of licensure

and medical credentials, and logistics to include lodging, food, and other needed services for responding health professionals.

IV. Conclusion

8. Our interconnected world makes it easier for serious illnesses to spread faster than ever before. States Parties will, unfortunately, continue to experience catastrophic public health disasters, and the international community will need to have the will and capacity to work together to rapidly respond in order to save as many lives as possible. It is imperative that States have the necessary internal capabilities to respond efficiently and effectively to future disease outbreaks, whether they are deliberate, accidental, or natural in origin. The BWC intersessional process provides an important forum for States Parties to share experiences and build stronger partnerships to improve response efforts. We hope that States Parties will take advantage of the Meeting of Experts to engage in a frank, open discussion about the challenges they face in providing and receiving assistance during public health emergencies so that we can identify and work toward solutions in subsequent meetings of the intersessional process. We also hope that States will take action to address the issues that we have already identified by implementing legal and regulatory frameworks and enhancing logistical capabilities.